New Jersey Department of Health and Senior Services
Refugee Health Program
PO Box 369, Trenton, NJ 08625-0369

DOMESTIC HEALTH ASSESSMENT

After completion, mail form to the address provided above.

SECTION I

Name *(Last)* *(First)* *(Middle)*	Gender ☐ Male ☐ Female	Alien Number
Street Address	US Arrival Date ____ / ____ / ____	Country of Origin
City, State, Zip Code	Date of Birth ____ / ____ / ____	Country of Birth

County	Telephone Number	Primary Language Spoken	Sponsor Agency

PRIOR MEDICAL HISTORY

Overseas Class A/Class B Conditions Identified: ☐ Yes ☐ No

☐ Class A: _____

☐ Class B:
- ☐ Class B1/TB
- ☐ Class B2/TB: _____

☐ Class B/Other: _____

SECTION II - TO BE COMPLETED BY EXAMINING HEALTH CARE PROVIDER

IMMUNIZATION RECORD

*NOTE: if vaccine status is listed on form, it has been transcribed from overseas arrival form at DHSS. Begin or update vaccines; non-US born need the same age appropriate vaccines as other patients. Refer to and follow the DHSS childhood and adult vaccine schedule. When no vaccine documents, vaccinate. Provide patient written vaccine record and the federally required VIS. *Varicella history, patient or parental recall, or physician documentation of disease.*

VACCINE TYPE	1ST DOSE MO/DAY/YR	2ND DOSE MO/DAY/YR	3RD DOSE MO/DAY/YR	4TH DOSE MO/DAY/YR	5TH DOSE MO/DAY/YR	MO/DAY/YR	MO/DAY/YR
DTP/DTaP/Td/TD (If Td or DT, indicate in corner box)							
OPV/IPV (If oral vaccine, indicate OPV in corner box)							
MMR					Document below single antigen vaccine receipt, serology titers, or varicella disease history		
HAEMOPHILUS B (HIB)							
HEPATITIS B						DATE	TITER
VARICELLA					Hepatitis B		
PNEUMOCOCCAL CONJ.					* Varicella		
OTHER (Specify):					Measles		
					Mumps		
LEAD SCREENING (≤ 6 Years)	TEST DATE:		RESULT:		Rubella		

HEPATITIS B VIRUS (HBV) SCREENING

☐ Screening Not Done
☐ Anti-HBs: ☐ Negative ☐ Positive *(If positive, patient is immune.)*
☐ HbsAg: ☐ Negative ☐ Positive *(If positive, patient is infected with HBV and is infectious to contacts; needs HBV counseling.)*

TUBERCULOSIS SCREENING BY EXAMINING HEALTH CARE PROVIDER

(To be done regardless of BCG history.)

Mantoux Skin Test Reaction (PPD)
- ☐ Not given
  Reason: _____
- ☐ Given
- ☐ Given, not read

Date Administered: _____/_____/_____
Date Read: _____/_____/_____
Results: _____ mm
(must be in mm)

Chest X-Ray (taken in US) (✓ one):
- ☐ Done
- ☐ Not Done
  Reason: _____

Date: _____/_____/_____
Results:
- ☐ Normal
- ☐ Non-TB Abnormality
- ☐ TB-Like Abnormality
  Cavitation? ☐ Yes ☐ No

_____

TB Treatment (✓ one):
- ☐ Yes
- ☐ No
  Reason: _____

Date Treatment Started: _____/_____/_____
- ☐ Treatment for Suspect or Confirmed Case
- ☐ Treatment for Latent TB Infection

TB Clinic Referral ☐ Yes ☐ No	TB Clinic Site	Appointment Date

DOMESTIC HEALTH ASSESSMENT, Continued

Name *(Last)* *(First)* *(Middle)*	Alien No.

INTESTINAL PARASITIC SCREENING

Screening for Intestinal Parasites:

- ☐ Not Done (not symptomatic)
- ☐ Patient Refused
- ☐ Screening Done/Parasites Identified:
  - ☐ None Identified

☐ Ascaris	Treated:	☐ Yes	☐ No	☐ Hookworm	Treated:	☐ Yes	☐ No
☐ Blastocystis	Treated:	☐ Yes	☐ No	☐ Strongyloides	Treated:	☐ Yes	☐ No
☐ E.histolytica	Treated:	☐ Yes	☐ No	☐ Trichuris	Treated:	☐ Yes	☐ No
☐ Giardia	Treated:	☐ Yes	☐ No	☐ Other (specify): _____	Treated:	☐ Yes	☐ No

SCREENING

Sexually Transmitted Disease?	If Yes, identify disease:		Treated
☐ Yes ☐ No ☐ N/A			☐ Yes ☐ No
Pregnant	**Vision**	**Hearing**	**Oral Exam**
☐ Yes ☐ No ☐ N/A	☐ Normal ☐ Abnormal	☐ Normal ☐ Abnormal	☐ Normal ☐ Abnormal

Assessment/Other Diagnoses:

_____

_____

_____

Medications, Treatments or Labs Ordered?

☐ Yes ☐ No

Type: _____

_____

_____

_____

Referrals Provided:

- ☐ Ear, Nose and Throat
- ☐ OB/GYN
- ☐ Pediatrics
- ☐ Urology
- ☐ Gastrointestinal
- ☐ Neurology
- ☐ Dermatology
- ☐ Vision
- ☐ Hearing
- ☐ Dental
- ☐ Mental Health
- ☐ Other:

_____

_____

_____

_____

Interpreter Used	Language of Interpreter
☐ Telephone ☐ Staff Interpreter ☐ Contracted Interpreter	

Name of Clinic Site	Telephone Number

Name of Examining Physician *(Print)*	Signature	Screening Date